-										Application or Docket Number						
	PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 1996										1/8	/4	58			
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY			OR	OTHER THAN SMALL ENTITY			
FOR			NUMBER FILED			NUMBER EXTRA			RATE		FEE		RATE	FEE		
BASI	C FEE										385.00	OR	1	770.00		
	AL CLAIMS		minus 20 =			. ///			x\$11	-		OR	x\$22=	379		
<u> </u>	PENDENT CLA					. 2			x40=	=		OR	x80=	160		
-	MULTIPLE DEPENDENT CLAIM PRESENT								+130	=		OR	+260=			
* If ti	he difference in co	olumn 1 is	iless than :	zero, enter "0" ii	n colum	nn 2		•	TOTA	L		OR	TOTAL	1304		
	· · · · · ·	(Colu	umn 1)					ہ ا	SMALL ENTITY			OR	OTHER THAN SMALL ENTITY			
AMENDMENT A		REMA AF	AIMS AINING TER DMENT		N PR	IGHEST UMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
N N	Total	. 3	57	Minus	**	37	= _		x\$11:	=		OR	x\$22=			
ME	Independent	*	5	Minus	***	5	=		x40=	=		OR	x80=			
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+130	=		OR	+260=			
	(Column 1) (Column 2) (Column 3)								TOT DDIT. F			OR	OR ADDIT. FEE			
ENT B		REM/ AF	AIMS AINING TER IDMENT		H N PRE	IGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	Ξ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
Marie Mar	Total	* 3	57.	Minus	**	37	= _		x\$11	=		OR	x\$22=			
AMENDME	Independent	*	5	Minus	***	_5_	=		x40=	=		OR	x80=			
Ĺ	FIRST PRE	SENTA	MULTIPLE		+130	=	·	OR	+260=							
	(Column 1) (Column 2) (Column 3)									AL EE		OR	TOTAL ADDIT. FEE			
AMENDMENT C		REM/ AF	AIMS AINING TER IDMENT		H N PRE	IGHEST UMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
NO.	Total	*	<u>37</u>	Minus	**	37	=		x\$11	=		OR	x\$22=			
ME	Independent		5	Minus	***	5	=		x40=	=	-	OR	x80=			
_	FIRST PRE	SENTA	TION OF	MULTIPLE		+130	=		OR	+260=						
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.																

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Application or Docket Number

08/818158

												<u>, </u>	
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE C			OTHER THAN SMALL ENTITY	
FOR			NUMBE	R FILED		NUMBER	EXTRA	[RATE	FEE		RATE	FEE
ВА	SIC FEE									355.00	OR		7:10 .00
то	TAL CLAIMS			minus 2	20=	*			X\$ 9=		OR	X\$18≂	_
IND	EPENDENT CL	AIMS		minus	3 =	*			XHC=		OR	X%)=	
MULTIPLE DEPENDENT CLAIM PRESENT									+130=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2								ı	TOTAL		OR	TOTAL	w.
	С	umn_1)	MENDED	_	SMALL ENTITY OR			OTHER THAN SMALL ENTITY					
AMENDMENT A		REM AF	AIMS AINING TER IDMENT		PR	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ğ	Total	* (38	Minus	** (37	= /	1	X\$ 9=		OR	X\$18=	18
AME	Independent	*	6	Minus	***	<u> </u>	= /	ſ	XHO=		OR	X 8 0=	80
Ë	FIRST PRESE	NTATIC	ON OF, MU	JLTIPLE DEF	PEND	ENT CLAIM			+130=		OR	+2.70=	
								L	TOTAL ADDIT. FEE			TOTAL ADDIT. FEE	98
		(Col	umn <u>1)</u>		(C	olumn 2)	(Column 3)		ADDIT. I EE		•	ADDIT: I LLI	
AMENDMENT B		REM Al	AIMS AINING TER NDMENT		PR	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*		Minus	***		=	Ī	ХЧю=		OR	X\$ <i>c</i> =	
	FIRST PRESE	NTATIO	ON OF MU	JLTIPLE DEF	PEND	ENT CLAIM		Ī	+130=		OR	+270=	
								L	TOTAL		اما	TOTAL	
		(Col	umn 1)		(C	olumn 2)	(Column 3)		ADDIT. FEE			ADDIT. FEE	
AMENDMENT C		CL REM Al	AIMS AINING TER IDMENT		I PR	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=	Į	X\$ 9=		OR	X\$18=	
	Independent	*		Minus	***		=	Ī	X40=		OR	X80=	
H	FIRST PRESE	:NIATI(ON OF MU	JLTIPLE DEF	PEND	ENT CLAIM		ł	+130=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									TOTAL			TOTAL	
	444							Α	DDIT. FEE		1 - 1 - 1	ADDIT. FEE	

